

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE		3. LOCATION CODE		4. BEAT/OCCUR					
	16-OCT-2011		05:00:00	[REDACTED] CHICAGO, IL 60649		090		0332					
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.				
	9161	QUINONES	JOHNNY	19066	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S	[REDACTED]	511	180				
	14. DATE OF APPT.	16. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?							
	31-AUG-1998	[REDACTED]	353 4605	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Off-Duty	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.					
	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	[REDACTED]	506	190					
	28. ADDRESS	29. CITY	30. TELEPHONE NO.	30. WAS SUBJECT ARMED?	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?							
	60649	CHICAGO, IL	[REDACTED]	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?	35. CONDITION	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
36. CHARGES PLACED			DNA		37. CB NO.	IR NO.	DNA						
38. SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE			
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER SWAT HOSTAGE SITUATION <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER VERBAL THREATS <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER UNLAWFUL RESTRAINT ON HOSTAGE <input type="checkbox"/>					
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Disposed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____			
39. DNA	40. ADDITIONAL INFORMATION												
POSITION		STAR NO.	UNIT										
41. WEAPON TYPE				42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS							
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	OTHER							
45. MAKE/MANUFACTURER				46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE							
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.							
T09-2317194		X00-022249		[REDACTED]	[REDACTED]	[REDACTED]							
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN	63. OTHER (Specify)						
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		[REDACTED]		<input type="checkbox"/> 01 RT. S. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)							
63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		[REDACTED]		[REDACTED]		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED									
				<input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON				69. POSITION OF MEMBER DISCHARGING WEAPON									
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
72. CASE INFO													
NOTIFICATIONS (OC OR TASER INCIDENT):				<input checked="" type="checkbox"/> OEMC		<input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.							
NOTIFICATIONS (FIREARM INCIDENT):				<input type="checkbox"/> OEMC		<input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<input type="checkbox"/> OP COMMAND		<input type="checkbox"/> DET. DIV.			
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
73. REPORTING MEMBER (Print Name)				STAR/EMPLOYEE NO.		SIGNATURE							
QUINONES, JOHNNY 16-OCT-2011 07:11:46				19066		[REDACTED]							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
74. REVIEWING SUPERVISOR (Print Name)				STAR NO.		DATE REVIEWED		TIME					
CARROLL, GERARD J				84		[REDACTED]		16-OCT-2011 07:16:19					

LOG # 1049915

Attachment 8

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM. 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR. 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON. 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON. 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

The reporting was at the scene of the HBT involving the assailant, after the assailant was taken into custody, he gave an outburst concerning a refusal to accept responsibility for his actions which resulted in an overnight Hostage Barricade incident. With his refusal to accept any responsibility, he then blamed his girlfriend's mother for his misfortunes. At this point, he was transported to Jackson Park Hospital for examination (tazing).

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as learned, it is the undersigned findings that the actions of the officer towards the assailant fall within the guidelines of the department's use of force model.

Per Message #200518 (22 July 2011), a CL# was obtained as a matter of protocol, no initiation report is to be completed as it has been determined by the undersigned that there is no misconduct by the officer.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO 1049336 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CARROLL, GERARD J

SIGNATURE

DATE COMPLETED

TIME

16-OCT-2011 07:28:32

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT
	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

20. TOTAL TRR'S THIS EVENT NO.

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